

LITTLE SPARKLES NURSERY



Quwwat Education Centre, Peel Hall Street, Preston, PR1 6QQ
tel: 01772 900786 web: www.littlesparklesnursery.org.uk email: info@quwwatulislam.org.uk

Nursery Application Form

Personal Details

Surname: _____ First Name: _____

Date of Birth: ____ / ____ / ____ Age: _____

(please attach a copy of your child's birth certificate or Medical card as poof of ID)

Gender: Male Female

Nationality: _____ Ethnic Origin: _____

Address: _____

_____ Post code _____

Parents Details

Mothers name: _____ Fathers name: _____

Contact number: _____ Contact number: _____

Work Contact number: _____ Work Contact number: _____

Contact Email Address: _____ Contact Email Address: _____

Persons Authorised to collect child

Name: _____ Name: _____

Contact number: _____ Contact number: _____

Relationship to child: _____ Relationship to child: _____

Emergency Contact Details

Contact 1:

Name: _____

Contact number: _____

Relationship to child: _____

Contact 2:

Name: _____

Contact number: _____

Relationship to child: _____

For office use only:

Date form received: _____ Sign: _____ Boy: ____ Girl: ____ Session 1 ____ Session 2 ____

Admission granted Yes / No

Parent informed of outcome Yes / No

Additional Information (Health/Medical/Special needs/Other)

Name of Doctor: _____ Contact number: _____

Please circle the correct answer

Any known medical conditions? Yes No

Any known allergies? Yes No

Any dietary requirements? Yes No

Does your child have Special Educational Needs or Disabilities? Yes No

If you have circled yes to any of the questions above, please give further details below:

Please tick sessions required:

	AM	PM
Monday	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>

Please tick the appropriate circle:

This application is for:

A funded 2 year old place*

A non-funded 2 year old place

A funded 3 & 4 year old place 15 hours

A funded 3 & 4 year old place 30 hours*

*these places will only be confirmed once eligibility has been confirmed

When would you like your child to start nursery? _____

Are you a registered member of Quwwatul Islam Masjid Yes No

Previous Education (this section is for 4 year olds only)

Has your child attended any other nursery, School or Madrasah before? Yes No

If yes;

- please give the name of the nursery, school or Madrasah: _____

Agreement between Parent/Guardian and 'LSN'

I wish to apply admission for my child to 'LSN'. I have read and agree to the Terms and Conditions, and I agree to comply with them. I also undertake to inform the nursery of any changes in the information given, together with the child's personal record.

I also agree to pay any fees 1 week in advance. If my child is absent for any reason for example due to sickness, fees are still payable in full.

I undertake to provide in writing one clear months notice of my child's leaving date or make payment of one clear months fee in lieu of such notice.

Only the Person or Persons legally responsible for the child must complete and sign this form:

I legal Parent/Guardian of (Childs name) _____ have given full details of my child to the best of my knowledge.

Signed _____ Date _____

Print name: Mr/ Mrs/ Ms _____ Legal Parent/ Guardian

Please answer all questions, failing to do so will delay the processing of this form.